

# MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033331

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 3

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Length of stay in 1b <u>Sum - Tues</u>	c. CITY OR TOWN <u>URICH.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Elliott Memorial</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R.</u>
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>P.</u> Last <u>Goodman</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 29, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER and MAIL CARRIER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>71</u>
11. BIRTHPLACE (City and state or country) <u>URICH. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Jesse Goodman</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA L. HENNY</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY L. Goodman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>	
16. SOCIAL SECURITY NO. <u>150</u>		17. INFORMANT <u>MARY L. Goodman, Urich, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS GENERALIZED</u> DUE TO (c) <u>CHRONIC</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:30</u> a.m. <u>4</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Appleton City, MO</u>	
21. I attended the deceased from <u>Nov 1954</u> to <u>now</u> and last saw him alive on <u>AUG. 13 1963</u> Death occurred at <u>9:30</u> <u>4</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R. H. Brown</u> (Degree or title)	
22b. ADDRESS <u>Appleton City, MO</u>		22c. DATE SIGNED <u>Aug 13 1963</u>	
23a. BURIAL OR CREMATION <u>15 Aug 1963</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Urich MO</u>	23d. LOCATION (City, town, or county) <u>Urich MO</u>
24. FUNERAL DIRECTOR <u>W. J. Brown Urich MO</u>		25. DATE RECD. BY LOCAL REG. <u>August 13, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Pauline Davis</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

AUG 27 1963

SEP 10 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*R. R. Kenney*

Licensed Embalmer No. 3099

P. O. Address

*Clinton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.